

**Mexborough Urban District Council**



# REPORT

ON THE

## Health of the District

DURING THE YEAR ENDING  
DECEMBER 31st, 1950.

by  
**Dr. JOHN LEIPER, M.B.E.**  
Medical Officer of Health

together with the

## Report of the Chief Sanitary Inspector

**Mr. H. BREARLEY**



# MEXBOROUGH URBAN DISTRICT COUNCIL

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H. BREARLEY, CERT. S.I.B., M.S.I.A.,  
Cert. Inspector of Meat and other Foods.

### Additional Sanitary Inspector :

A. MILLTHORPE, CERT. S.I.B., M.R.S.I., M.S.I.A.  
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# Mexborough Urban District Council.

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## ANNUAL REPORT OF THE MEDICAL OFFICER OF HEALTH FOR THE YEAR 1950.

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Divisional Public Health Office,  
Council Offices,  
Adwick Road,  
Mexborough.

Mr. Chairman; Lady and Gentlemen,

I have the honour to present my Annual Report for the year 1950 and, once again, I find this a pleasant duty.

During the year, the death rate for your District was slightly higher than previous years, and the final, adjusted, death rate was also slightly higher than the country as a whole. The Infant Mortality Rate, during the year, which is considered to be a very accurate index of the health of the District, was easily the lowest ever recorded, being 31 per 1,000 live births. This figure I consider to be very satisfactory. The Birth Rate has been gradually falling since the end of the war, and this trend has been maintained during 1950, although it is interesting to note that the Birth Rate for your District is slightly higher than that of the country as a whole. During the year there were no cases of, or deaths from, Diphtheria.

The scheme for the unified medical control of the expectant mother group continued satisfactorily during the year, and it is interesting to note that about 7 out of every 10 expectant mothers attended the Local Authority's Ante-Natal Clinic at the Child Welfare Centre, Mexborough, whilst a total of 400 mothers from the whole Division were confined by the same Obstetrician at Mexborough Hospital who examined the expectant mothers at the clinic.

More After-Care work is being carried out on cases discharged from Hospital, and this I have found to be only one point in the link up of the medical services in this district. The mutual help and co-operation between Hospital, General Medical Practitioners and the Public Health Department, has been very well marked during the year.

The bad weather at the end of the year was found to be equally dangerous to the health of the very young and the very old. There was at this time, a waiting list for admission of aged sick cases to Hospital, although there was no such waiting list for youngsters and infants. I am glad to say that the personal health services through the Home Nursing Service and the Home Help Service were often able to help the work of the very busy General Practitioners, in nursing and general care of these aged sick cases whilst in the home, and waiting Hospital admission. All this is a reminder to me, that the population is slowly becoming more aged, and as each year passes the number of aged sick requiring Hospital treatment in the winter months will tend to increase.

Your policy of granting housing accommodation to certain of the families where there is a sufferer from Pulmonary Tuberculosis, has been a wise one, and has contributed to help the control of the spread of this disease. Preventive measures to control the spread of Tuberculosis have been carried out very efficiently during the year.

The health statistics for the year, and indeed the general state of health of your district are both good, and show improvement on previous years.

The environment continues to be an adverse factor in spite of the great amount of work that has been carried out to maintain old buildings in a reasonable state of repair. Your District is densely populated, and the urgent need is for expansion to relieve the congestion and localised overcrowding.

As your Chief Sanitary Inspector points out in his Report, the only way satisfactorily to deal with the problem of this older sub-standard house is demolition, and it unfortunately seems as though it will be a long time before this can occur on a large scale.

I wish to thank the Council for their help and interest in all Public Health matters, and I appreciate the support that I have had from them during the year. I have enjoyed the easy working with all the officers of the Council during the year, and wish to thank them for their valued advice and co-operation. Lastly, I wish to thank my own staff for their efficiency and enthusiasm.

I remain,

Your obedient Servant,

JOHN LEIPER,

Medical Officer of Health.

Mexborough Urban District Council.

## SECTION A

### NATURAL AND SOCIAL CONDITIONS OF THE AREA

Area (in acres)	...	...	...	...	...	1,451
Registrar General's estimate of Resident Population						
mid 1950	...	...	...	...	...	19,120
Number of inhabited houses (31st December, 1950)						5,153
Rateable Value	...	...	...	...	...	£78,934
Net Product of a Penny Rate	...	...	...	...	...	£286
Height above sea level (in feet)	...	...	...	...	...	50—250
Rainfall for year (in inches)	...	...	...	...	...	26.31 ins.
Number of days on which rain fell	...	...	...	...	...	174
Mean Temperature	...	...	...	...	...	49.98°F

Mexborough is a compact market town of 1,451 acres, with a population of nearly 20,000, and fringed with collieries, and is situated centrally in the heart of industrial South Yorkshire. It is built for the most part on sandstone and gradually rising ground on the north side of the river Don which forms the southern boundary of the Urban District. The chief occupations are Mining, Engineering and Printing, and during the year there has been a minimal amount of unemployment. Various firms of a light industrial nature, viz., manufacture of scissors, umbrella frames, cardboard boxes, overalls and cloth repairing are now established in the town. In the main these firms use female labour.

#### Vital Statistics for 1950.

			Males	Females	Total
Live Births: Legitimate	...	...	169	160	329
Illegitimate	...	...	10	9	19
			<hr/> 179	<hr/> 169	<hr/> 348
Stillbirths	...	...	4	4	8
Deaths of Infants under 1 year	...	...	5	6	11
Deaths (all ages)	...	...	140	77	217
Birth Rate per 1,000 of the estimated					
resident population (Crude)	...	...			18.2
(Adjusted)					19.1
Stillbirths — Rate per 1,000 Births					
(Live and Still)	...	...			22.47
Crude Death Rate per 1,000 estimated					
Population	...	...			11.3
Adjusted Figure (comparability figure					
1.18)	...	...			13.4



**Deaths from Puerperal Causes.**

	Deaths.	Death-rate per 1,000 total (live and still) Births.
Pregnancy, Childbirth, Abortion	2	5.62

**Death-Rate of Infants under One Year of Age .**

All infants per 1,000 live births ...	31.61
Legitimate infants per 1,000 legitimate live births ...	27.35
Illegitimate infants per 1,000 illegitimate live births ...	105.26

**Deaths from :**

Cancer (all ages) ...	38
Measles (all ages) ...	Nil
Whooping Cough (all ages) ...	Nil
Diarrhoea (under 2 years of age) ...	Nil
Pulmonary Tuberculosis (all ages) ...	9
Other forms of Tuberculosis (all ages) ...	1

The total number of births, 348, is slightly lower than the figures for the previous two years, which were 368 and 359, and the number of still births is above the average to be recorded since the end of the war, whereas, the number of deaths of infants under one year (11), is well below the previous lowest figure which was 17. There were, however, two deaths from Puerperal causes. It is pleasing to note that there have been no deaths in the last three years from Measles and Whooping Cough, and this year for the first time there have been no deaths of children suffering from diarrhoea under the age of 2. The lowering of the fatality of Gastro-Enteritis in children gives one a good indication of the improvement in the general sanitary state of your District, and more importantly perhaps the great medical and nursing care that is being offered to these cases by the family doctors, and appears to indicate that mothers generally are seeking medical advice and treatment earlier than the previous years.



# Deaths from all causes during 1950:

					Males	Females
1.	Tuberculosis, respiratory ...	...	...	...	6	3
2.	Tuberculosis, other ...	...	...	...	—	1
3.	Syphilitic disease ...	...	...	...	—	—
4.	Diphtheria ...	...	...	...	—	—
5.	Whooping Cough ...	...	...	...	—	—
6.	Meningococcal infections ...	...	...	...	—	—
7.	Acute Poliomyelitis ...	...	...	...	—	—
8.	Measles ...	...	...	...	—	—
9.	Other infective and parasitic diseases ...	...	...	...	—	1
10.	Malignant neoplasm, stomach ...	...	...	...	6	2
11.	Malignant neoplasm, lung bronchus ...	...	...	...	5	2
12.	Malignant neoplasm, breast ...	...	...	...	—	2
13.	Malignant neoplasm, uterus ...	...	...	...	—	4
14.	Other malignant and lymphatic neoplasms ...	...	...	...	12	5
15.	Leukaemia, aleukaemia ...	...	...	...	1	—
16.	Diabetes ...	...	...	...	1	—
17.	Vascular lesions of nervous system ...	...	...	...	17	5
18.	Coronary disease, angina ...	...	...	...	18	5
19.	Hypertension with heart disease ...	...	...	...	2	2
20.	Other heart diseases ...	...	...	...	11	13
21.	Other circulatory disease ...	...	...	...	9	5
22.	Influenza ...	...	...	...	—	—
23.	Pneumonia ...	...	...	...	3	1
24.	Bronchitis ...	...	...	...	23	7
25.	Other diseases of respiratory system ...	...	...	...	1	—
26.	Ulcer of stomach and duodenum ...	...	...	...	3	—
27.	Gastritis, enteritis and diarrhoea ...	...	...	...	—	—
28.	Nephritis and nephrosis ...	...	...	...	—	—
29.	Hyperplasia of prostate ...	...	...	...	4	—
30.	Pregnancy, childbirth, abortion ...	...	...	...	—	2
31.	Congenital malformation ...	...	...	...	2	1
32.	Other defined and ill-defined diseases ...	...	...	...	11	12
33.	Motor vehicle accidents ...	...	...	...	1	—
34.	All other accidents ...	...	...	...	3	4
35.	Suicide ...	...	...	...	1	—
36.	Homicide and operations of war ...	...	...	...	—	—
					140	77

The main causes of death thus continue to be diseases of heart and blood vessels, bronchitis and malignant disease.

I feel that the deaths from Bronchitis, Pneumonia and also from some of the heart diseases, may have their roots in the fact that the atmosphere is so heavily polluted, especially during the fog period at the end of the year. During the year, information of age, sex and occupation of persons dying from Coronary Artery disease is being collated and forwarded to the County Medical Officer, in order that some further information regarding the incidence of fatal anginal attacks in the County Area may be obtained.

A comparison of the various rates in your District as against England and Wales, the 126 County Boroughs, etc., and the 148 smaller towns is shown below :—

	England and Wales	126 C.B's. and Great Towns including London	148 Smaller Towns Res. Pop. 25,000—50,000 at 1931 Census	Mexborough Urban District Council
Rates per 1,000 Home Population				
<b>Births :</b>				
Live Births ... ..	15.8	17.6	16.7	19.1
Still Births ... ..	0.37	0.45	0.38	0.42
<b>Deaths :</b>				
All Causes ... ..	11.6	12.3	11.6	13.4
Typhoid and Paratyphoid ... ..	0.00	0.00	0.00	0.00
Whooping Cough ... ..	0.01	0.01	0.01	0.00
Diphtheria ... ..	0.00	0.00	0.00	0.00
Tuberculosis ... ..	0.36	0.42	0.33	0.52
Influenza ... ..	0.10	0.09	0.10	0.00
Smallpox ... ..	0.00	0.00	0.00	0.00
Acute Poliomyelitis (including Polioencephalitis)	0.02	0.02	0.02	0.00
Pneumonia ... ..	0.46	0.49	0.45	0.21
<b>Notifications :</b>				
(Corrected)				
Typhoid Fever ... ..	0.00	0.00	0.00	0.00
Paratyphoid Fever ... ..	0.01	0.01	0.01	0.00
Meningococcal infection ... ..	0.03	0.03	0.02	0.00
Scarlet Fever ... ..	1.50	1.56	1.61	1.83
Whooping Cough ... ..	3.60	3.97	3.15	7.89
Diphtheria ... ..	0.02	0.03	0.02	0.00
Erysipelas ... ..	0.17	0.19	0.16	0.10
Smallpox ... ..	0.00	0.00	0.00	0.00
Measles ... ..	8.39	8.76	8.36	8.00
Pneumonia ... ..	0.70	0.77	0.61	2.09
Acute Poliomyelitis (including Polioencephalitis)				
Paralytic ... ..	0.13	0.12	0.11	0.00
Non Paralytic ... ..	0.05	0.05	0.06	0.05
Food poisoning ... ..	0.17	0.16	0.14	0.47

	England and Wales	126 C.B's. Great Towns including London	and 148 Smaller Towns Res. Pop. 25,000—50,000 at 1931 Census	Mexborough Urban District Council
Rates per 1,000 Live Births.				
<b>Deaths :</b>				
All causes under 1 year of age ...	29.8	(a) 33.8	29.4	31.61
Enteritis & Diarrhoea under 2 yrs. of age	1.9	2.2	1.6	0.00
<b>Notifications :</b>				
(Corrected)				
Rates per 1,000 Total (Live and Still) Births.				
Puerperal Fever and Pyrexia ...	5.81	7.43	4.33	8.43
	(a) Per 1000 related live births.			

#### Maternal Mortality in England and Wales.

Rates per 1,000 Total (live and still) births.				
Pregnancy, Childbirth, Abortion, etc. ...	...	...	...	5.75

The above Table shows that again during the year there were no deaths from Diphtheria, and indeed there were no notifications in respect of the disease. This happy position is one that can only be maintained by the immunisation of children, as a routine, by the family Doctor, or the Doctor at the Child Welfare Clinic, before the first birthday, and again at the age of four, before going to school.

There is some tendency locally to feel that children should be primarily immunised at the school, and this is I feel a danger to the child, who passes the years of greatest risk, i.e. the pre-school age, unprotected.

It will be seen from the above figures that during the year the fatality from the zymotic diseases has been satisfactorily low in your District, although the incidence of certain infectious diseases, Whooping Cough, Pneumonia and Scarlet Fever, have been relatively high.

The food poisoning cases notified mainly consisted of a small outbreak in a family, consequent on a family party, and was satisfactorily dealt with in conjunction with the medical care given by the family Doctor. The organism was S. Newport and there was no spread of cases.

#### Infant Mortality Rate.

In all, 11 infants under the age of one year died during 1950, during which time there were 348 births, and this represents a rate of 31.6 per 1,000 live births. This figure is the lowest recorded for your District, and it is interesting to note that the previous lowest was 46 per 1,000 associated live births recorded in 1949. Although the Infant Death Rate may be regarded as a measure of the general health of the area, it is to be noted that the total number of births normally occurring

in your District in a year is statistically low, and that variations in this rate have occurred in the past and will naturally occur in the future. I am, however, more satisfied that the present trend is favourable.

### INFANTS UNDER 1 YEAR OF AGE, 1950

Cause of Death	AGE AT DEATH								Total
	Weeks				Months				
	Under 1	1-2	2-3	3-4	1-2	2-3	3-6	6-9	
Volvulus Neonatorum			2						2
Prematurity	3								3
Lobar Pneumonia							1		1
Atresia of Oesophaegus	1								1
Malpresentation	1								1
Atelectasis	1								1
Cerebral Haemorrhage	1								1
Accidental Death					1				1
	7		2		1		1		11

The eleven infant deaths occurred during the following months of the year:—

Infant Deaths				
				1st Quarter
January ...	...	...	1	
February ...	...	...	—	2
March ...	...	...	1	
				2nd Quarter
April ...	...	...	1	
May ...	...	...	2	4
June ...	...	...	1	
				3rd Quarter
July ...	...	...	—	
August ...	...	...	1	1
September ...	...	...	—	
				4th Quarter
October ...	...	...	—	
November ...	...	...	4	4
December ...	...	...	—	



Prematurity has continued to be a main factor in the cause of death of infants and as I am pointing out later in this Report, the steps to minimise the deaths of low weight infants have, I feel, justified themselves, as the figure is the lowest recorded in any one year.

### **Maternal Mortality.**

There were two maternal deaths during the year. The first concerned a married woman who did not seek medical attention of any kind, and the Doctor at his first visit found the expectant mother dead. The cause of the death, following an autopsy, was Septicaemia following abortion.

The second death concerned a mother who was giving birth to twins and who was taken to Jessop Hospital, Sheffield, because of the malpresentation of the second twin, which necessitated further surgical intervention. The mother died a few hours after admission to Hospital.

## **SECTION B**

### **(1) General Provision of Health Services for the Area :**

The full particulars of the Public Health Officers of your Authority are incorporated, for easy reference, at the beginning of this Report.

(a) **Laboratory Facilities.** Bacteriological and Pathological specimens are sent to the Medical Research Council Laboratory at Wakefield, under the direction of Dr. W. F. Lane, and these services are fully adequate. Blood examinations for grouping Rhesus factor and Kahn tests are undertaken by the Blood Transfusion Service, Sheffield.

(b) **Ambulance Facilities.** The Ambulance facilities for your District are adequate and the Depot for the County Ambulance Service is situate at Dunford House, Wath-on-Dearne, where 4 ambulances and 2 sitting case vehicles were available during the year. These services also cover adjacent Divisions.

(c) **Nursing in the Home.** In my report last year, I estimated there would be between 30 and 35,000 nursing visits in the Division during 1950. The total for the year was 33,000, an increase of 13,000 over 1949. The total number for the Mexborough Urban District was 9,385.

There has been an increase of two nurses in the Home Nursing Service in the Division during the year. At the end of the year, there were 5 Queen's Nurses, 3 State Registered and one State Enrolled Assistant Nurse, and of these 1 Queen's Nurse, 1 State Registered Nurse, and 1 State Enrolled Assistant Nurse are carrying out their duties in your District. The team is mobile and well balanced. Overwork has led to sickness of Nurses.

The standard of nursing is excellent.

Nursing of Infants in the homes has not increased during the last year. The main bulk of home nursing is the cardiovascular degenerative diseases of the aged.

The estimated nursing visits in 1951 in this Division is 50,000.

The work of the Home Nurse is appreciated greatly by the population, District Councils and other bodies. I think the loyalty displayed by the Home Nurses has been excellent.

(d) **Treatment Centres and Clinics, including Clinics used solely for diagnosis of consultation.**

**Mexborough Urban District.**

**Child Welfare Centre, Adwick Road, Mexborough:—**

Monday—	1.45 p.m. ~ 3.30 p.m.—	U.V. Ray Clinic.
Tuesday—	9.30 a.m. ~ 12 noon	— Minor Ailments Clinic.
	2.00 p.m. ~ 4.30 p.m.—	Infant Welfare Clinic.
Wednesday—	2.00 p.m. ~ 4.30 p.m.—	Ante-Natal Clinic.
Thursday—	9.30 a.m. ~ 12 noon	— Minor Ailments Clinic.
	2.00 p.m. ~ 4.30 p.m.—	Infant Welfare Clinic.
Friday—	9.45 a.m. ~ 12 noon	— U.V. Ray Clinic.
	3.00 p.m. ~ 4.30 p.m.—	Immunisation Clinic.

(e) **Child Welfare Centres.**

A larger pram shelter at the Mexborough Clinic was requested and authority for this building has now been given.

Attendances at the Child Welfare Centre in your District during 1950 shows that the total number of attendances made by children were :—

	1950	1949
(a) Under one year of age ...	3827	(4592)
(b) Over one year of age ...	1741	(2580)

These figures show a decrease compared with the figures for 1949, shown in brackets, but I consider that the reduction is only commensurate with the fall in the Birth Rate.

The new Hanovia Sun Lamp was installed in the Mexborough Child Welfare Centre and Ultra Violet Ray Clinics were commenced in June. This measure has resulted in alleviation of strain on the lamp in the Denaby Main Child Welfare Centre.

Sales of Milk Foods have shown a steady increase, and Health Visitors have an added responsibility in this respect. Total receipts handled in the Mexborough Child Welfare Centre were as shown below :—

Mexborough Child Welfare Centre — £731. 0s. 0d. (approx.)

(f) **Ante-Natal Clinics.** Ante-Natal Clinics are held at the Child Welfare Centre under the care of Dr. J. C. A. Renshaw, Junior Obstetrician. A total number of 274 expectant mothers made a total of 1149 visits to this Ante-Natal Clinic during the year.

(g) **Tuberculosis Dispensaries.**

**Dispensary Sessions.**

Tuberculosis Dispensary, Market Street, Mexborough.

Monday ... 10.00 a.m. ~ 12 Noon.

Wednesday ... 10.00 a.m. ~ 12 Noon.

Tuberculosis Dispensary, 8 Goldthorpe Road, Goldthorpe.

Thursday ... 10.00 a.m. ~ 12 Noon.

The staff of these Tuberculosis Dispensaries consists of a Tuberculosis Officer and two Tuberculosis Health Visitors, and a close liaison is kept between your Medical Officer of Health, Chief Sanitary Inspector and the medical and nursing staff of the Tuberculosis Dispensary. Cases indicating domiciliary treatment in overcrowded homes are investigated, and recommendations for housing placed before your Housing Committee.

(h) **Venereal Disease Clinic.** A Treatment and Diagnostic Clinic is held at 12, Frederick Street, Rotherham, and there are other Centres at Barnsley, Sheffield and Doncaster.

(i) **General Hospital Services** are provided in the main by the Montagu Hospital, Mexborough, Moorgate Hospital, Rotherham, and Barnsley Beckett Hospital. All these hospitals are well equipped and staffed, and treat a large number of acute and chronic cases, both as In and Out-Patients.

The liaison between the Local Health Authority and the Hospital Management Committee has been very close, and Dr. Cedric C. Harvey, Paediatrician and Dr. J. C. A. Renshaw, Junior Obstetrician, both hold clinics in the Montagu Hospital, Mexborough.



(j) **Infectious Disease Hospitals.** Wath Wood Isolation Hospital, Doncaster Isolation Hospital, and Kendray Hospital, Barnsley, have proved entirely adequate for the number of infectious disease cases arising in the Area and requiring hospital isolation and treatment during the year.

(k) **Maternity Hospitals.** The Maternity Block of the Montagu Hospital, Mexborough, Listerdale Maternity Home, Hamilton Annexe (Doncaster) Hallamshire Maternity Home, St. Helen Hospital, Barnsley, and the Maternity Ward of the Moorgate General Hospital, Rotherham, have all been available during the year for booked cases on a priority system of admission. This system includes medical and obstetric conditions, and poor socio-medical conditions under which the expectant mother lives are ranked next highest on the list of priority for admission to hospital for confinement.

## **2. Mental Health.**

The Mental Health Service is making slight, though barely perceptible progress, and the promise of the building of a large Occupation Centre for mental defectives at Wath-on-Dearne, which would service this Division is encouraging. Also, during 1950, the Doncaster County Borough Occupation Centre has been kind enough to admit four more of our mentally defective children, bringing the total number in attendance there from this Division up to ten. There are some 15 more mentally defective children (i.e. under 16 years) in this Division who would benefit from attendance at a Centre and about 30 adult defectives who might be trained at or at least find interest in an Occupation Centre. The Social Worker has had 12 adult patients occupied on training in their own homes during the year, but has had little time to devote to them.

### **Admissions to Institutions.**

There are still 16 defectives from this Division on the waiting list for admission to Institutions, two of which must be regarded as urgently in need of Institutional care. During 1950 two cases from the Division were admitted to Institutions.

### **Number of Mental Defectives.**

At the end of 1950 there were altogether 140 mental defectives under supervision in this Division. Apart from the statutory visits paid to all defectives, extra visiting and work has been required in about a quarter of the total number of cases.



**Hospital Board Patients.**

There is good co-operation between the Regional Hospital Boards and this Division on the subjects of the supervision of mental defectives "on licence" (numbering 3 in this area) and of reports on the homes of mental defectives detained in institutions (some 20-30 during 1950).

A very small, and so far rather unsuccessful Mental Hospital After-Care Service is run independently of the Hospital Boards. Co-operation with the Hospital Boards in this section of the work could be developed much more.

**Mental Health Service — Mexborough Urban District, 1950**

Training—1 Mexborough child attending Doncaster Occupation Centre. 2 Adults receiving home training.

Institutions and Vacancies—No admissions to Mental Deficiency Institutions. Vacancies required for 2 boys and 1 woman.

West Riding Patients—19 under Statutory Supervision.  
6 under Voluntary Supervision.  
1 Guardianship.

Hospital Board Patients—1 on licence.  
1 Case of Mental Hospital after care.

The following table details the Mental Health Social Worker's activities during the year:—

**Mental Deficiency Act, 1913-38**

	Div. 30	Mexbro' Urban District
1. No. of defectives ascertained during 1950 .....	12	1
Total No. of defectives ascertained .....	140	27
2. No. under Guardianship .....	7	1
No. under Statutory Supervision .....	104	19
No. under Voluntary Supervision .....	26	6
No. on Licence from Institution .....	3	1
3. No. waiting Institution vacancies .....	16	3
No. attending Doncaster Occupation Centre .....	10	1
No. being home trained .....	2	2
Reports made for Regional Hospital Boards (Institutional patients) .....	15	2
After-care patients (Mental Hospital) under Section 28 of the National Health Service Act .....	9	1

### 3. Maternity and Child Welfare.

#### (i) Health Visiting.

At least six Conferences have been held during the year with the Health Visitors in this Division at the Child Welfare Centre, Mexborough, and I think that the idea of the Health Visitor being the family case worker has been accepted here.

The fact that the Clinic is essentially in existence to teach groups of people has not been completely accepted. There is still some tendency to follow the curative side of medicine rather than the preventive.

No appointment of Senior Health Visitor was made, as I do not think it is, as yet, applicable here. In your District there was 1 Health Visitor and 3 Assistant Health Visitors working during the year and at the end of the year there were six Health Visitors and seven Assistant Health Visitors working in the Division, with a population of just over 60,000, and the number of trained Health Visitors has risen from four to six in the year. This, I think, is quite satisfactory and I would be glad to see the same increase during 1951, bringing the total of trained Health Visitors up to eight, with an establishment of thirteen Health Visitors and School Nurses.

The selective priority visits to illegitimate and premature infants, infants from problem families and poor social backgrounds, have been in force during the whole of 1950. The illegitimate infant death rate in your District in 1948 was 353 per 1,000 illegitimate live births, and in 1949 it was only 40 per 1,000 illegitimate live births. The figure for 1950 is 105.26 per 1,000 illegitimate live births.

With the broadening of the work as a whole with School Health work and Consultant Clinics, the tendency has again been for the clinics to absorb the Health Visitor for long periods each week, and I am trying to offset this as well as I can without increase in staff.

Meetings with the Area Food Officer were held and arrangements satisfactorily made for the Health Visitor to distribute vitamin tablets and orange juice at the Ante-Natal and Child Welfare Clinics.

The link with the family doctor is being strengthened and contact with each of the 18 General Medical Practitioners with practices in the Division has been made by the Health Visitor.

About 26 problem families in the Division have been listed and confirmed, and of these 6 reside in your District. Frequent visits have been paid without much change in the socio-medical conditions of the family, but the infants in these families have been reared.

A great amount of health advice has been given and I am quite satisfied with the results that have been obtained in the Health Visitors sphere generally during the year. There is the start of team spirit amongst the Visitors and increasing confidence due to their mastering their very difficult work.

#### (ii) Domiciliary Midwives.

The progress reported last year has been maintained and I am very satisfied with the work that has been carried out by the Domiciliary Midwives during the year.

The obstetric-social sieve has worked well and I am satisfied that there has not been a case during the year where, after the expectant mother has routinely attended the Ante-Natal Clinic, and was told that she should have her baby at home under the care of the Domiciliary Midwife, there was any significant abnormality in the delivery.

The improvement in the neo-natal infant death rate has only been gradual and this is the cause of anxiety to me. In essence, here in this Division, it is the control of the premature rate and I still am of the opinion that premature cots are a confession of failure. One of the keys to the cause of still births and premature births appears to be the diet of the expectant mother, and advice is being given to the expectant mother in the home and in the clinic on the assumption that attention to the diet offers the best chance of improvement of the position.

#### Applications for Institutional Confinements.

During the year 355 applications were received for admission to Maternity Homes, and 315 cases, roughly 90%, were booked. Of the remainder 5 were cancelled and 35 declined. Most of the applications were for admission to the Montagu Hospital, and in fact, 215 cases were booked there. Other bookings were at Listerdale Maternity Home, Hamilton Annexe, Moorgate General Hospital, and St. Helen Hospital, Barnsley.



162 cases, a little over half the total bookings, were in the Priority II category relating to poor home conditions. Abnormal cases, Priority I, totalled 90 and the remainder were mainly Primipara and fifth or subsequent pregnancies.

### **Ante-Natal Care.**

Great emphasis has been placed by me on the Ante-Natal health visiting in the home, and each month now I hope that a thousand such visits will be paid to expectant mothers by 15 Midwives, including 2 Relief Midwives.

### **Gas and Air Analgesia.**

The take up of Gas and Air Analgesia is progressing satisfactorily, and 60.1 per cent. of all domiciliary confinements took advantage of this analgesia in the Division in 1950, the figure for last year being 37.4 per cent.

The Ante-Natal Clinic at Mexborough continues well. Here, as in other places, there has been difficulty in starting group teaching of Expectant Mothers, and this must be a priority for next year.

### **(iii) Care of the Premature Infant.**

The Division's statistics show that of the 35 live premature babies born in Domiciliary Practice of Midwives, 23 were nursed in Sorrento Cots. Two of these babies died. In addition to the two Cots held in the Division, use was made on several occasions of the reserve Cot held in the Ambulance Centre, Wath-on-Deerne.

A list of low weight babies born in your District, showing birth weight, the number of days the Cot was used for each baby, the number of visits paid by the Midwife in each case, and the fate of the child is detailed below.

From the whole Division, a total of 58 Premature Infants were delivered in Institutions and 10 of these babies subsequently died. The average weight of these babies at birth was 3 lbs. 12 ozs., and of those that survived, the average weight was 4 lbs. 14 ozs., which corresponds to the average weight of the babies that survived in Domiciliary Practice.



**Mexborough Urban District.**  
**Babies Nursed in Sorrento Cots, 1950**

Date of Birth	Birth Weight	No. of visits by Midwife	Days Nursed in Cot	Remarks
8-1-50	4/12	50	38	Trans. to hospital
1-3-50	5/4	40	12	Survived
5-4-50	4/2	29	26	Survived
5-4-50	4/2	29	26	Survived
27-5-50	4/8	50	34	Trans. to Hospital
12-6-50	4/4	53	30	Trans. to Hospital
15-6-50	2/4	8	1	Died - 3 days
6-7-50	5/-	29	23	Survived
22-7-50	4/8	21	13	Survived
18-9-50	4/8	2	1	Died - 1 day
2-10-50	2/12	32	16	Trans. to Hospital 18-9-50 Survived. Trans. to Hospital 19-10-50.

I feel that a baby of about 4 lbs. in weight which is born prematurely in the home, is as safe to rear, when the Sorrento technique is used, as in the Hospital.

During the year 3 Midwives were trained in the Sorrento method of care of the premature baby, and were awarded Certificates of Proficiency. Towards the end of the year a scheme was put into operation so that when an expectant mother goes into premature labour at her home, arrangements are made for the premature baby cot to be delivered by ambulance, and the Sorrento Trained Midwife brought in to receive the low weight baby into a warmed cot at the moment of birth. The equipment with the cot includes Special Feeders, Baby Clothes, Hot Water Bottles, Oxygen Cylinders and a Humidifier.

#### **4. Vaccination and Immunisation.**

Facilities for Diphtheria Immunisation and Vaccination against Smallpox are readily available in the District, but I regret to report that full benefit is still not being derived from this scheme, particularly with regard to Vaccination. As a result of a great deal of advice both in the Clinics and in the home, a further increase in the number of children immunised between the ages of 0—5 years has been recorded, giving a percentage rate of 45.8 children in that group protected against Diphtheria. This figure, whilst being an increase over that

for 1949 is still not as high as it should be and I would like the parents of young children to have them immunised before the age of one year, either by their own medical practitioner or at the local authority clinic. A substantial increase in the percentage rate of school children immunised has been recorded during the year, and it is hoped to further this increase during 1951, by once again organising immunisation sessions in schools.

In this Division, First Birthday Greeting Cards are sent to all children on their first birthday with a reminder to the parents that medical opinion is that infants should be protected against Diphtheria, which is so deadly, before, or very soon after, the infant's first birthday. This scheme has now been in operation for  $2\frac{1}{2}$  years and I attribute no small amount of the recent progress in the Immunisation Rate to this form of reminder.

As will be seen from the Vaccination Table there is still a general apathy towards the value of vaccination. The number of persons vaccinated during 1950 was a reduction over the figure for 1949. All possible advice and information is available with regard to this service, and it is hoped that the figures may be improved upon in the course of the next year or so.

I append herewith a Table of Statistics relating to Diphtheria Immunisation and Vaccination for the year ended 31st December, 1950.

STATISTICS RELATING TO DIPHTHERIA IMMUNISATION AND VACCINATION  
FOR YEAR ENDED 31st DECEMBER, 1950  
DIPHTHERIA IMMUNISATION

Urban District	No. of Children Immunised in 1950			Booster Doses in 1950	No. of Children immunised at any time up to 31/12/50			Registrar-General's estimated mid-year population in 1950			Percentage Rate		
	under 5 yrs.	5-14 years	Total		under 5 yrs.	5-14 years	Total	under 5 yrs.	5-14 years	Total	under 5 yrs.	5-14 years	Total
Mexborough U.D.	197	107	304	289	750	1971	2721	1635	2811	4446	45.8	70.1	61.2

VACCINATION 1950

Mexborough U.D.		Under 1 yr. 1950	1-4 years 1946-49	5-14 years 1936-45	15 years and over	Total
	Primary	—	—	—	7	7
	Re-Vaccination	—	—	—	29	29



## 5. Section 28—Prevention of Illness—Care and After-Care.

### (i) Hospital After-Care.

There has been an increase in the amount of after-care work from the Montagu Hospital, Mexborough, and at the end of 1950, this work was also being received from other Hospitals. My records of this after-care work show that during the year 348 background reports were requested from Hospitals, and after-care through the Health Visitor was requested in 118 cases, the Home Nurse in 51 cases, the Midwife in 3 cases, and the Home Help in 25 cases. Preliminary arrangements for after-care centred upon the 38 bedded Fullerton Hospital at Denaby Main by Miss J. L. Stow started at the end of the year.

### (ii) Tuberculosis After-Care.

The two Tuberculosis Health Visitors carry out the necessary home visits, clinical duties, etc., and I am pleased to report on the excellent co-ordination of this service between the Consultant Chest Physician, the Tuberculosis Health Visitors and myself. As a result of housing investigations 7 cases have been rehoused during the year through your Council, whilst the Nursing equipment, i.e. air rings, sputum cups for domiciliary cases and garden chalets have been provided for the patients in the Division. Additionally beds and bedding have been supplied in a number of cases for the segregation of patients, this cost being borne by the West Riding Distress Fund.

During the year, the scheme for the provision of extra nourishment for Tuberculous patients has continued to increase and two pints of milk per day are supplied to each patient free of charge consequent upon the recommendation of the Consultant Tuberculosis Officer and myself.

It is hoped that a Mass Radiography Survey similar to that which took place in this Division in September, 1949, may be arranged during the late Spring or early Summer of 1952.

## 6. Section 47—National Assistance Act, 1948.

During the year there has been no action taken by the Council under this Section, nor has any recommendation been made to you by myself. In cases where the possibility was envisaged, it has been found that Domestic Help, Home Nursing Service, and neighbours "sitting-in" have been quite adequate to solve the difficulties of the case.



## 7. Home Help Service.

The following cases have been assisted in the Mexborough Urban Area :—

Illness	...	...	...	...	31
Tuberculosis	...	...	...	...	1
Lying-in	...	...	...	...	37
Expectant Mothers	...	...	...	...	7
Aged Sick	...	...	...	...	26
Aged Infirm	...	...	...	...	16
Children of school age	...	...	...	...	4

The service, which employs on an hourly basis, suitable domestic helps, has been most efficiently run during the year, and has undoubtedly been a great help in the cases where it has been needed. The Domestic Help has been available merely to keep conditions satisfactory in the house, where there is sickness, especially where the Mother is ill or unable to carry out household work. Some of the homes have been small, and the hours for which the Home Help has attended have been cut down to a minimum. As this is a mining area, with only a slight amount of Industry using female labour, there has been no difficulty during the year of enlisting Home Helps.

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## SECTION F.

### Prevalence and Control over Infectious and Other Diseases :

#### (i) Notifiable Diseases (other than T.B.)

The following Tables show that during the year ended 31st December, 1950, Measles, and Whooping Cough again constituted the majority of notifications of infectious diseases which were reported to me from your District. There was a widespread outbreak of Measles during the months of September to December, but I am pleased to report that your District did not suffer quite so heavily as some of its neighbours. The outbreak was anticipated from Epidemiological Graphs, and all General Practitioners in the District were informed. The disease was of a mild nature and I am pleased to report that no deaths resulted. There was an increase in the number of cases of Scarlet Fever notified during the year, and several

investigations were carried out in schools in an attempt to isolate children who were found to have positive swab results, in order to prevent the spread of infection.

I am pleased to report that neither of the two Diphtheria cases which were notified proved positive, both cases being re-diagnosed after hospital investigation.

A minor outbreak of Food Poisoning occurred following a party, and nine persons from your District were notified to me as suffering from Food Poisoning. A full investigation was carried out and measures taken to identify the source of contaminated food. It was not found necessary to admit any of these cases to hospital, and all recovered following nursing in their homes.

During the year immunisation clinics were organised for the schools in your Area, and also the usual clinics sessions were held in the Child Welfare Centre. The children immunised during 1950 in your District were as follows:—

Under 5 years of age	...	...	197
5—14 years of age	...	...	107
Booster Doses	...	...	289

A Table showing the percentage rates of children immunised during the year ended 31st December, 1950, is shown under the section headed "Vaccination and Immunisation."

### INFECTIOUS DISEASES

#### Notifiable Diseases (other than Tuberculosis) during 1950

DISEASE	Total cases Notified	Cases Admitted to Hospital	Deaths
Measles .....	153	1	—
Whooping Cough .....	151	—	—
Scarlet Fever .....	39	37	—
Diphtheria .....	2*	2	—
Puerperal Pyrexia .....	3	—	—
Acute Pneumonia .....	40	6	4
Erysipelas .....	2	—	—
Cerebro Spinal Fever .....	3†	3	—
Food Poisoning .....	9	—	—
* NIL Cases confirmed			
† NIL Cases confirmed			

# INFECTIOUS DISEASES, 1950

## Age Distribution

AGE	Scarlet Fever	Diphtheria	Pneumonia	Measles	Whooping Cough	Erysipelas	Cerebro-spin <sup>al</sup> Fever	Puerperal Pyrexia	Food Poisoning
Under 1			9	14	13				
1—3	6	1	4	33	45		1		
3—5	10		3	36	59		1		
5—10	13	1	1	64	31				3
10—15	8			5					
15—35	2		10	1	1	2		3	3
35—45			2		2		1		1
45—65			9						2
65 & over			2						
Total	39	2	40	153	151	2	3	3	9

### (ii) Tuberculosis.

Eighteen new cases of Pulmonary Tuberculosis were notified during the year, eight being Male and ten Female.

I am pleased to report that this shows a reduction of 11 notified cases from the number received in 1949.

New Non-Pulmonary cases totalled 4, which was an increase of 3 over the figure for 1949.

The efficiency of notification in the Area is high, and upon receipt of notifications, contact investigations and advice is given by the Tuberculosis Health Visitor.

There were 9 deaths of notified Pulmonary Tuberculosis Cases and 1 death of a Non-Pulmonary case during the year. This represents a decrease of 3 deaths of Pulmonary Tuberculosis over the figures for 1949. The highest incidence of infection in the Male and Female Respiratory Age Group is between 20 and 45 years of age.



During the year sputum cups have been obtained for all the domiciliary cases. I am pleased to report that the follow-up of all domiciliary cases has been carried out extremely well by the Tuberculosis Health Visitors, and a large amount of contact tracing has been carried out of all the notified cases. All child contacts have been skin tested as a preliminary to the provision of B.C.G. Vaccination, which I hope will commence early in 1951.

Admission to Sanatoria still remains a difficult problem, although the analysis of the admissions of patients for institutional treatment during the year shows that 67 Tuberculous cases suffering from respiratory infection from this Division were admitted to various Sanatoria, 40 being male and 27 female cases. In this densely populated area, the main difficulty is segregating contacts from notified cases, particularly those cases with a young family, and in this respect, towards the end of the year, I noted that there was a shortening in the waiting period for admission of notified cases to Sanatoria. However, where cases were being treated at home, and if financial circumstances did not permit, bed and bedding, etc., were provided for the segregation of these patients from the remainder of the family. Three such cases were assisted during the year, together with the provision of various items of nursing equipment, air rings, etc., for patients discharged from Sanatorium.

There have been great strides during the year with regard to the domiciliary treatment of Tuberculous patients in the home, as a result of sound liaison between the Consultant Chest Physician and the General Practitioners.

During the year ended 31st December, 1950, 33 domiciliary patients were in receipt of extra nourishment, and a total number of 202 orders for the provision of this milk were issued during the year. These figures refer to the Division as a whole.

The work of the two Tuberculosis Health Visitors has been invaluable.

# TUBERCULOSIS

## New Cases and Mortality During 1950

### New Cases

Age Periods				Pulmonary		Non-Pulmonary	
Years				M	F	M	F
0—1	.....	.....	.....	—	—	—	—
1—5	.....	.....	.....	1	—	—	—
6—15	.....	.....	.....	1	1	1	2
16—25	.....	.....	.....	2	4	1	—
26—35	.....	.....	.....	1	3	—	—
36—45	.....	.....	.....	1	2	—	—
46—55	.....	.....	.....	1	—	—	—
56—65	.....	.....	.....	—	—	—	—
66 and upwards	.....	.....	.....	1	—	—	—
TOTALS .....				8	10	2	2

### Deaths

Age Periods				Pulmonary		Non-Pulmonary	
Years				M	F	M	F
0—1	.....	.....	.....	—	—	—	—
1—5	.....	.....	.....	—	—	—	—
6—15	.....	.....	.....	—	—	—	1
16—25	.....	.....	.....	—	1	—	—
26—35	.....	.....	.....	3	1	—	—
36—45	.....	.....	.....	—	1	—	—
46—55	.....	.....	.....	—	—	—	—
56—65	.....	.....	.....	—	—	—	—
65 and upwards	.....	.....	.....	3	—	—	—
TOTALS .....				6	3	—	1

**MEXBOROUGH URBAN DISTRICT COUNCIL**  
**ANNUAL REPORT OF**  
**THE CHIEF SANITARY INSPECTOR**  
**FOR THE YEAR ENDING 31st DECEMBER, 1950**

To the Chairman and Members of the  
Mexborough Urban District Council.

Mr. Chairman and Gentlemen,

I beg to present my annual report on the work of the Sanitary Department during 1950.

**Sanitary Circumstances of the Area.**

The Mexborough urban area is a very compact one, there being, according to the mid-1949 estimate of resident population, 19,270 people occupying only 1,451 acres in 5,160 houses. Hence, as a whole, the area is overcrowded and this tends to some poor housing conditions. The urgent need is for expansion room to relieve this congestion. The opening up of the Highwoods estate is no doubt slowly improving conditions among the worst properties, but at the present rate of re-housing, socio-medical conditions are not likely to improve much. It is gratifying to know that the problem of squatting families was almost relieved during the past year.

**Water Supply.**

The town's water supply, as in the past, was taken from a bore hole at the Water Works, Pitt Street, Mexborough, and from the Ludwell Springs. 26 samples were submitted for bacteriological examination of which 23 were placed in Grade I, 2 in Grade II, and 1 in Grade IV. In addition, 2 samples were given a chemical analysis and were both found to be satisfactory. The works have been maintained in a satisfactory condition in all respects.

**Sewage Disposal.**

The sewage works, situated at the south-eastern corner of the town, though working with an old type of plant, have been maintained satisfactorily and no complaints of the final effluent have been received from the West Riding Rivers Board.



## Sanitary Inspections of the District.

4,857 inspections were carried out by the sanitary inspectors during the year and these were as follows :—

Nature of Inspection	No. of Inspections
Factories ... ..	69
Bakehouses ... ..	19
Drainage ... ..	87
Offensive Trades ... ..	45
Common Lodging House ... ..	24
Temporary Dwellings ... ..	160
Rats and Mice ... ..	187
Shops ... ..	63
Infectious Diseases ... ..	28
Houses ... ..	3,748
Slaughter Houses ... ..	161
Ice Cream Premises ... ..	115
Restaurants and Cafes ... ..	27
Cowsheds, Dairies and Milk Shops ... ..	35
Smoke Inspections ... ..	10
Miscellaneous ... ..	79
TOTAL ...	4,857

## Complaints.

839 complaints were received and each one was given prompt attention. The majority of the complaints, as in former years, related to housing defects, and the large increase in the number of complaints over the previous year's figures was no doubt due to the many defects now appearing in the old sub-standard property of the town. It is found that the majority of the complaints come from the older property in the district. Each complaint was followed by informal action and where necessary, formal action was put into operation. At the year end, 27 complaints were outstanding.

## Housing.

A good deal of time was spent on housing work, in an endeavour to bring the property in the town up to a good standard. It was decided in most cases to attempt a thorough overhaul of the property rather than the execution of first-aid repairs. Difficulty, however, was experienced as, owing to the high cost of repairs to the poorer class of property, and the low

value of the houses involved, it was not advisable to serve notices under Section 9 of the Housing Act, 1936, as the owners had a right of appeal against the unreasonableness of the cost. The proper procedure in my opinion would have been to serve Housing Act, 1936, Section 11, notices but this would have resulted no doubt in a large programme of demolition being undertaken, and owing to the shortage of houses in the district this was not practicable. However, it was found in six cases that the property was so worn out that only action under Section 11, Housing Act, 1936, could be taken and similar action was instituted in the case of two houses situated on the edge of a steep incline which was causing the houses to move and become dangerous. Thus Section 11, Housing Act, 1936, action was taken in a total of eight cases. All the eight families occupying the houses were offered alternative accommodation by the Council.

Of these eight cases, two were actually demolished, two more were to be demolished after the end of the year and four houses were allowed to remain up for use as storage places, undertakings to that effect having been accepted by the Council. I must state here that there is a danger in accepting undertakings that old houses be allowed to remain standing as in two cases squatters moved into property after vacation by the tenants.

Considering my remarks in the previous paragraph but one, most action was taken under the Public Health Act, 1936, and the following notices were served :—

#### Public Health Act, 1936.

Section 39	...	...	14
Section 93	...	...	132
Section 45	...	...	16
Section 138	...	...	4

In addition, 25 notices were served under the Public Health Act, 1936, Section 168, and one under Section 277, Housing Act, 1936, for information as to ownership. By the end of the year, 90 statutory notices had been complied with, but in four cases it was necessary to apply to the Magistrates' Court for Abatement Orders.

A new difficulty looming on the horizon is the old property owned by elderly people with practically no money and dependent solely on the property for their livelihood. These people are in no position to carry out extensive repairs to their property and the rising costs of building trade wages and materials, are causing further trouble. It has not been found practicable to advance loans under the Housing Act, 1949, for reconditioning purposes to this type of old property and many owners are asking the Council to take demolition action in their cases. The Council themselves are experiencing a difficulty in this matter also as the number of cases for demolition that can be taken are limited by the small amount of alternative accommodation available.

Altogether, 2,492 repairs were carried out to a total of 1,178 houses. The defects remedied under the Public Health and Housing Acts, were as follows:—

Chimneys repaired ... ..	127	Roofs repaired ... ..	365
Eaves gutters repaired ...	259	Defective walls repaired	58
Damp walls remedied ...	240	Windows repaired ...	172
Steps repaired ... ..	19	Handrails provided ...	10
Doors repaired ... ..	78	Plaster renewed ... ..	279
New sinks ... ..	27	Sink linings renewed ...	1
Waste Pipes renewed ...	32	Coppers renewed ...	32
Range repairs ... ..	205	Firebacks renewed ...	42
Floors repaired ... ..	62	Water in cellars ... ..	5
Choked drains released ...	88	Drains reconstructed ...	3
New drains ... ..	2	New gullies ... ..	1
Smoke nuisances remedied	88	Yard paving ... ..	17
Rainwater Pipes renewed	153	W.C.s repaired ... ..	119
Offensive accumulations ...	2	Animal nuisances ...	1
Other accumulations ...	1	Miscellaneous ... ..	4
TOTAL ...		2,492	

Total of houses inspected for defects (Public Health and Housings Acts) ...	1247
Total defects found ... ..	2543
Total defects remedied ... ..	2492
Number of houses in the district ... ..	5160



The only satisfactory way of dealing with the problem of the older houses is one of demolition but it will be many years before this will be possible. In the meantime, we can only endeavour to repair the properties as best we can.

### **Overcrowding.**

There are no true figures of overcrowding, as since the last overcrowding survey there has been a vast movement of peoples to and from the area. The Council have, however, endeavoured to abate overcrowding where possible. Ten overcrowding cases were rehoused by the Council.

### **Tents, Vans, Sheds**

Since the end of the war, temporary dwellings have become almost non-existent and only one van was stationed in the fairground during the whole of the year. It was found, however, that frequently companies of gypsies parked for short periods on agricultural land at the eastern end of the township on the Pastures Road. No nuisances were caused.

### **Common Lodging Houses.**

The one common lodging house at Lees Buildings, was inspected 24 times and found to be reasonably well kept, though it was noted that there tended to be a decrease in the number of inmates.

One difficulty experienced was the care of the elder<sup>2</sup> and senile occupant in cases of chronic illness. The Lodging House Keeper maintains that she had no responsibility to look after any individual lodger in cases of illness and she was always anxious to get the person removed to hospital as soon as possible. This, of course, met with opposition from the hospital authorities and arrangements were made to set aside a small room at the lodging house for segregation in cases of chronic illness.

The registration of the lodging house was renewed by the Council during the year.

### **Dirty and Verminous Premises.**

The number of bug-infested premises in the town decreased and it was found that disinfestation work together with education of tenants, had certainly paid. The public are becoming more conscious of the values of D.D.T. and a free issue of insecticides by the Council was readily available.

On the other hand, there seemed to be a slight increase in the number of houses infested by cockroaches and it is my opinion that we are still short of a new insecticide to secure immediate results in this respect. I would mention frequent infestations of Council-owned houses in the Morton and Chaucer Road areas and this problem will have to be tackled in the near future on a large scale. It will mean removal of ranges, skirting boards, etc.

Altogether, treatment was given to 72 vermin infested houses, 13 of which were Council-owned property.

Vetting of prospective Council tenants was continued and unsatisfactory tenants were temporarily suspended from their place on the Housing List until improvements had taken place.

Several joint inspections of home conditions were made by the Sanitary Inspectors and Inspector J. Preston, of the N.S.P.C.C. It was not found necessary to prosecute any person during the year and, on the whole, I should say that social conditions in the district have tended to improve. It was found, however, that one or two families on the new Council estate at Highwoods Road needed constant supervision or they may tend to fall back to dirty conditions.

It was also found on inspection of the Council-owned property that several tenants who could not be included in the dirty tenant class, were untidy and with no pride of home. It was found that only by frequent calls on this type of tenant could any improvement be effected, but unfortunately this department has not the time to devote to this class of tenant.

On behalf of the Council I wish to thank Inspector J. Preston, of the N.S.P.C.C., for his full co-operation and interest in dealing with the problem families of the town.

### Squatters.

This problem was greatly reduced during 1950. At the beginning of the year only four families of the original thirteen were squatting in the dilapidated nissen huts in Manvers Road. Two of the families soon found alternative accommodation and as the site was required by the Council for housing purposes, notices to quit were served on the remaining two families. One other family found accommodation outside of the urban area but it was found necessary to take legal action to evict the last remaining family. Eventually the family left the district. The site was eventually cleared and housing work commenced.

Two other families still continued to reside in old condemned property.

### Rodent Control.

The Council's trained operator carried out rodent control most successfully during the year. It was found that fewer complaints of rodent infestations were received at the office and constant inspections and treatments of allotment premises in the town, in my opinion, helped considerably to reduce the rat population. Regular inspections and maintenance treatments of Council-owned properties, including the market, refuse tips and sewage works, were carried out and two ten per cent. treatments of the sewers were carried out in accordance with the Ministry of Agriculture and Fisheries' requirements.

Inspections of food stores showed mice infestations on a diminished scale. It was found necessary to treat thirty-two premises. In these cases, blitz trapping was relied upon.

Premises inspected	...	...	...	187
No. infested and treated	...	...	...	132
No. of baiting points	...	...	...	1412
Pre-baits laid	...	...	...	4236
Post-baits showing infestation clear				156
Rat bodies recovered	...	...	...	244
Mice bodies recovered	...	...	...	275

### Atmospheric Pollution.

The six lead peroxide instruments surrounding the Electricity Generating Station continued to give low readings of SO<sub>2</sub> pollution, though there was a tendency for the other two instruments situated at the Market Hall and the Water Tower to give higher readings. In my opinion, this is due to sulphur dioxide from domestic flues.

There were no complaints during the year from residents in the vicinity of the Power Station.

In June, 1950, a deposit gauge was put down at the Council Offices in Adwick Road and readings taken monthly. The total fall of soot per square mile per month in some instances was a revelation, and there is no doubt that the atmosphere in this neighbourhood is heavily polluted. I should say that the domestic flue plays no small part in loadening the atmosphere with dirt. One has only to stand on the higher parts of the town to see a pall of domestic smoke curtaining the masses of houses in the hollows. The Council have borne smoke abatement in mind in their housing programme and have endeavoured to instal the better types of ranges in the new houses.



# LEAD PEROXIDE GAUGE READINGS

Weight of SO<sub>3</sub> collected in milligrams per 100 square centimetres per day.

	Location of Instrument							
	Hanby	Bailey	Sewage Works	Denaby	1st Y.E.P.	2nd Y.E.P.	Market Hall	Water Tower
JANUARY	1.64	2.55	2.56	1.85	2.38	2.55	3.85	3.11
FEBRUARY	1.49	2.13	3.06	2.80	2.43	2.67	3.55	2.59
MARCH	1.29	2.07	1.83	1.45	1.73	1.85	2.03	4.17
APRIL	1.43	1.53	1.46	0.89	1.13	1.19	0.67	1.23
MAY	1.03	1.07	1.85	0.89	1.10	1.03	1.66	1.69
JUNE	0.82	1.23	1.22	0.93	1.67	1.32	1.20	1.44
JULY	0.52	1.09	1.23	0.72	0.97	1.08	1.16	1.50
AUGUST	0.60	0.91	0.95	0.77	0.96	1.17	1.41	1.31
SEPTEMBER	0.70	1.74	1.76	1.10	1.67	1.67	1.29	1.63
OCTOBER	1.40	0.51	1.51	1.04	1.46	1.53	1.91	1.85
NOVEMBER	1.21	2.37	2.52	1.40	2.11	2.64	3.02	2.65
DECEMBER	1.48	2.45	2.87	1.90	2.75	3.05	3.22	3.46

# DEPOSIT GAUGE READINGS—PERIOD JUNE - DECEMBER, 1950

Site of Gauge—In front of Urban District Council Offices, corner of Adwick Road and Doncaster Road, Mexborough.

Gauge No. D.236.

Metric Factor (g. deposit to g/100 m2) 1302.

British Factor (g. deposit to tons/mi.2) 33.19.

Analysis of matter collected in Atmospheric Deposit Gauge per Calendar Month.									
WATER pH Value	mm. rain	June	July	Aug.	Sept.	Oct.	Nov.	Dec.	
		23.50 6.4	34.5 6.7	82.5 6.0	78.9 6.1	12.4 5.9	99.2 4.1	29.0 4.0	
TOTAL WATER INSOLUBLE MATTER Soluble in CS <sub>2</sub> Ash Other Combustible matter	tons per sq. mile	16.13	13.44	8.99	9.82	6.90	8.73	5.97	
	"	0.13	0.13	0.07	0.10	0.17	0.07	0.10	
	"	10.06	8.60	5.44	6.37	4.64	5.71	5.24	
	"	5.94	4.71	3.48	3.35	2.09	2.95	0.63	
TOTAL WATER SOLUBLE MATTER Ca++ Cl' SO4''	tons per sq. mile	6.01	7.40	12.61	8.86	3.15	6.07	4.15	
	"	0.60	0.50	0.53	0.73	0.27	0.37	0.33	
	"	0.80	0.80	1.59	2.02	0.76	2.22	1.33	
	"	1.73	2.72	5.01	2.99	1.29	2.79	1.46	
TOTAL SOLIDS	tons per sq. mile	22.14	20.84	21.61	18.69	10.06	14.80	10.12	

The atmosphere will certainly not improve until the burning of raw coal is minimised and industrial processes are compelled to instal smokeless appliances.

The readings from the eight lead peroxide instruments and the deposit gauge are enclosed.

## Food Inspection.

Meat was obtained from the Doncaster Abattoir and no slaughter houses in the town were licensed. Four slaughter houses were approved for the slaughter of cottagers' pigs.

I must again repeat that the system of slaughter of cottagers' pigs is still very unsatisfactory from a public health point of view. Although the Food Officer, at the suggestion of this Department, circularised all applicants for licences to slaughter in the hope that every animal slaughtered would be inspected before consumption, the response was very poor and disheartening. The major proportion of pigs killed are consumed without any inspection at all and the dangers from this are many. Slaughtering in many cases is taking place in shocking conditions on allotment premises and tuberculosis and cysts have been found in a few of the small number of animals inspected.

Routine inspections were carried out at the Meat Receiving Depot and wholesale grocers' premises and retail shops. It was found that quite an appreciable amount of imported foodstuffs were damaged on arrival.

The following amounts of foodstuffs were found unfit for human consumption:—

222½ lbs. Cheese	25 lbs. Cake
88 tins Luncheon Meat	100 pkts. Figs
2 tins Brislings	1 lb. Sweets
19 tins Peaches	44 lbs. Jam
2 lbs. Butter	203 lbs. Luncheon Meat
½ lb Margarine	309 tins Tomatoes
4 lbs. Lemon Curd	48 lbs. Macaroni
1 tin Braised Kidneys	5 tins Meat in Gravy
18 tins Pilchards	1¾ lbs. Lard
13 tins Soup	141 lbs. Semolina
24 tins Mustard	2 tins Jellied Veal
11 tins Salmon	206 tins Peas
5 pkts. Creamola	25 tins Beef Loaf
51 pkts. Oats	112 lbs. Ground Rice
7 lbs. Cornflakes	7 Jellies
36 tins Plums	1 tin Crab
45 lbs. Biscuits	1,160 lbs. Oatmeal
231 tins Milk	7 lbs. Ice Cream Powder
278 lbs. Flour	1 pkt. Baking Powder
4½ stone Crabs	3 tins Cherries
7 tins Cabbage	10 lbs. Crab Paste



12	pkts. Ryvita	3	tins Rhubarb
9	bottles Sauce	14	lbs. Mayonnaise
2	jars Beetroot	7	lbs. Vigerol
5	tins Oranges	22	cases Eggs
1	lb. Dried Figs	10	ozs. Cooked Meat
1	tin Stewed Steak	336	Pigs' Feet
42	lbs. Sugar	6	tins Pears
39	lbs. Marmalade	5	lbs. Puffed Wheat
3	tins Danish Pork	14½	lbs. Cornflakes
1	cwt. Pigs' Feet	10	lbs. Suet
½	lb. Coffee	1	tin Potted Meat
60	lbs. Prunes	10	pkts Dates
19	lbs. Haslet	2	lbs. Flaked Barley
28	lbs. Weetabix	78	Fish Cakes
1	tin Nescafe	8	tins Crawfish
2½	lbs. Dates	1	lb. Ham
80	lbs. Beef	1	lb. Pressed Pork
1	tin Mixed Vegetables	42	lbs. Spaghetti
41	cases Kraft Pastry Mix	1	tin Bacon
8	lbs. Black Pudding	1	tin Coffee
252	lbs. Sausage	23	Rabbits
68	tins Beans	105	Meat Pies
90	stones Cod	5	tins Carrots
5	Puddings	16	tins Beetroot
3	jars Onions	275	Eggs
35	lbs. Pork	34	lbs. Brawn
64	tins Rabbit		

### Slaughter of Animals Act, 1933.

Ten licences to slaughter or stun animals were renewed during the year.

### Food Premises.

Registered premises number thirty-nine as follows:—

Bakehouses	...	...	...	...	...	...	4
Tripe Boilers	...	...	...	...	...	...	2
Preparation and manufacture of sausage, pressed, pickled or preserved foods	...	...	...	...	...	...	10
Fish Friers	...	...	...	...	...	...	23

Routine inspections of food premises were carried out and the provisions of hot and cold water, soap and towels was enforced in six cases. One food shop was found to have no piped water supply, the nearest town's supply being approximately 150 yards away. A piped supply was laid on to the premises. The general standard of cleanliness in the shops and cafes was reasonably satisfactory and in several cases, after approach to trades people, new, modern type shelving and glass-fronted cases were installed.

Although various alternative schemes for re-organisation of the market were considered by the Council the actual re-conditioning was not put into operation during 1950.

### **Ice Cream.**

46 premises were registered for the sale of ice cream, which includes 12 new registrations, and one was registered for manufacture. Each shop was inspected periodically, particularly with new applicants for registration and Section 13, Food and Drugs Act, 1938, was strictly enforced. All ice cream sold in the shops in the town was pre-packed.

It was noticed that street vendors, who came into the district from outside, brought a better type of van to that used previously.

25 samples of ice cream were taken for bacteriological examination, and the results showed 20 samples in Grade I, one in Grade II, one in Grade III and three in Grade IV. One of the Grade IV supplies was abandoned and subsequent samples of the other two supplies improved. There were no cases of illness traced to ice cream during the year.

### **Milk Production.**

Under the Milk and Dairies Regulations, 1949, and the Milk (Special Designation) (Raw Milk) Regulations, 1949, and the Milk (Special Designation) (Pasteurised and Sterilised Milk) Regulations, 1949, the Council are responsible for the registration of milk distributors and other dairy premises and the granting of dealers' licences and supplementary licences.

There were 20 milk distributors, and of the 15 licences issued for the sale of graded milks, 8 were for pasteurised, 5 for tuberculin tested, and 2 for sterilised milk.

All supplies but three were bottled, and by the end of the year, there only remained one retailer selling loose milk. Approach was made to one retailer who was using a dilapidated private car in the course of delivery and on approach from this Department the car was abandoned and the retailer provided a van.

It is found that there is a tendency for distributing companies to take over the small retailers one by one, and supply bottled milks.

On several occasions, approach had to be made to one large company for supplying unclean bottles and the company changed all their bottles to the narrow-topped type with overlapping cap. This was found to be a far better system than the old wide-topped bottle and cardboard disc. Another large distributing company voluntarily introduced a similar type of bottle. Two samples of milk were taken for biological test and one sample showed evidence of tuberculosis. This matter was reported to the Ministry of Agriculture and Fisheries' Veterinary Officers and to a nearby Sanitary Authority in whose area the milk was produced. The milk retailer at a later stage, arranged to dispose of the whole supply to a milk company for pasteurisation.

### Factories.

There were 58 factories on the register during 1950, 8 of which were non-power factories. 69 inspections were carried out, and the following defects were found :—

Insufficient closet accommodation	...	...	...	2
Unsatisfactory closet accommodation	...	...	...	3
No closet accommodation	...	...	...	1
Dirty closet accommodation	...	...	...	1
Absence of properly intervening ventilated space	...	...	...	1

Action was taken in all these cases and the defects remedied.

### Public Cleansing — Refuse Collection.

The refuse collection staff numbered 20 during the year, which included 5 vehicle drivers and 15 collectors. 5 Karrier Bantam refuse collectors were in operation and the vehicles were found to give good service. The weekly collection service was maintained, apart from few periods in the winter when the weather was inclement. A total number of 255,412 bin premises were visited and cleared and 4,829 loads of refuse were removed. There were 433 loads of trade refuse and a weekly cleansing service for 19 pail closets on the outer edge of the district.



The Council met the difficulty of the large number of defective bins in the town by initiating a municipal bin scheme. This was put into operation on the 1st August, 1950, and by the end of the year 385 bins had been replaced. It was estimated that the cost to the town would be approximately a 2½d. to 3d. rate. I must say that the scheme was a vast improvement on the old system whereby notices were served on owners to replace defective bins, as intervals of delay in acquiring bins was reduced. It is hoped that over a period all defective bins in the town will have been replaced by new standard bins.

### Refuse Disposal.

Refuse disposal again presented a great difficulty, owing to the shortage of available space. At the beginning of the year, tipping was taking place in an old quarry owned by the Coalfields Brickyard Company, adjoining Doncaster Road, Mexborough, but at very short notice, the Company informed the Council that as they had found a new clay belt in the vicinity of the tip, the tipping of refuse would have to cease forthwith. There was no alternative site and it was only after hurried negotiations between the Council and the Allotments' Society that a small vacant plot of land was acquired on Barber's Path at the western end of the Schofield Technical Institute. This site only gave a few months' relief and the Council decided to push on with a Compulsory Purchase of King's Road Quarry. Approach was also made to the West Riding County Planning Officer who assisted the Council in negotiations with the National Coal Board and the Ouse Catchment Board to acquire tipping space on the Pastures Road site. By the end of the year, these negotiations proved successful and an offer made by the National Coal Board to allow tipping at the foot of the colliery slag heap on Pastures Road for an annual rental of £50 was accepted by the Council.

All refuse disposal was by controlled tipping on which two men were permanently engaged. Soil for covering purposes was obtained from excavations on the housing sites.

The total cost of refuse collection and disposal was £7,560. This was a substantial increase on the cost for the previous year but was due entirely to increases in wages and cost of petrol and oil.

## Salvage.

Income from salvage was less than that for 1949, the total income being £610 17s. 3d. One man was employed full-time on waste paper baling and a bonus scheme for the employees was in operation. The individual amounts were as follows:—

			Tons	Cwts.	Qrs.
Waste Paper	...	...	108	12	1
Scrap Metal	...	...		3	2
Textiles	...	...		1	2
Total Weight ...			108	17	1

## Conclusion.

The town's chief problem is still that of housing. It is found that it is becoming more difficult to deal with the worst of the property because the value of the house is so low and the cost of repairs so high that the item of "unreasonable cost" is evident. The Council accept a moral obligation to find alternative accommodation for families displaced in cases of demolition but with a housing waiting list of approximately 2,000, the task becomes a major one. It is also found that a large proportion of the sub-standard property is overcrowded and housing two or more families. The time will come, however, when the problems surrounding worn-out, sub-standard dwellings will have to be faced.

During the past few years, the refuse collection service has hung on a thread because of shortage of refuse disposal sites, and no fewer than five different tips have been used. When all the existing land has been used up, refuse disposal will become a major problem of the Council and if the Council seek to enlarge their boundaries it would be to their advantage to seek new disposal areas.

I consider that the Council made improvements in refuse collection by deciding to inaugurate a municipal bin scheme as it is now possible to replace defective bins at short notice.

My experience has been, over the past twelve months, that the food traders in the town have, as a whole, co-operated with the local authority in the matter of food hygiene. The majority of food shops have now had washing facilities installed and it has been noticed that redecoration and the installation of new fittings has taken place in many cases. I would suggest that the Council endeavour to bring their market into line at the earliest possible moment and encourage other food traders in their efforts.

Dirty and verminous premises are not as prevalent as in former years, but it is found that constant supervision is necessary with the habitués.

I wish to thank Dr. J. Leiper, Medical Officer of Health, for his co-operation and assistance during the year. I also wish to acknowledge the support by the Council, and particularly the Chairman of the Public Health Committee, in dealing with the many problems that have arisen.

I would also thank the staff of the Department for their help in the compilation of this report and for their work and co-operation during the past year.

I remain,

Mr. Chairman and Gentlemen,

Your obedient Servant,

H. BREARLEY,

Chief Sanitary Inspector.

Cert. S.I.B., M.S.I.A., Cert. Insp.  
of Meat and Other Foods.







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